## TOWN OF BARRINGTON, RHODE ISLAND APPLICATION FOR PRIVATE DETECTIVE LICENSE (RIGL 5-5-4 APPLY FOR A PRIVATE DETECTIVE LICENSE WITH LOCAL LICENSING AUTHORITY WHERE PRINCIPAL PLACE OF BUSINESS IS LOCATED)

## RETURN APPLICATION AND FEE OF \$150 TO TOWN CLERK, 283 COUNTY ROAD, BARRING-TON, RI 02806, (check payable to the Town of Barrington or cash)

NAME OF APPLICANT:				
HOME ADDRESS:				
BUSINESS ADDRESS:				
SINESS TELEPHONE: HOME TELEPHONE:				
BUSINESS HOURS:				
U.S. CITIZENSHIP:	DATE OF E	BIRTH:	SS#	
Questions contained within this application provide	information which is	necessary to determine	e your eligibility for a license	consistent
with R.I. Gen. Laws §5-5-3.				
Have you ever been convicted of a felony?	Yes	No		
2. Have you ever had a private investigator's license	e or registration revo	oked?Yes	No	
3. Have you ever had an application for a private in	vestigator's license	or registration denied?	Yes	No
4. Have you ever been declared incompetent by rea Yes No	son of mental defec	t or disease by any cour	t of competent jurisdiction?	
5. Do you have at least one (1) of the following qua	llifications?			
Circle A, B, C or D.				
A) At least five (5) years experience as an investi	gator or police offic	er. Please explain the na	ature of your experience;	
B) A degree in Criminal Justice. Please specify t	he college or univer	sity;		
C) At least five (5) years experience as an investi	gator under the emp	oloyment of a private de	tective;	
D) Training or experience equivalent to the above	e. Please explain.			
6. Please specify the expiration date of your current	t license			
Cignature of Applicant				
Signature of Applicant				
STATE OF RHODE ISLAND, COUNTY OF				
Subscribed and sworn to before me this	day of _		20	
NOTARY PUBLIC				
Print name:		My commission exp	ires on:	
			, 20	
Barrington Police Department Signature	Date	License grante	d by Town Council on	